



Vacation Bible School Registration Form

August 2-6, 2009

5:15-8:00

A Light Meal Will Be Served

Name: _____

Age _____ D.O.B. _____

Other Siblings at VBS _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Allergy/Health Conditions: _____

Emergency Contact: _____ **Relationship** _____

Phone: _____

Dismissal Information

Name(s) of person(s) who may be picking up your child

Parent's Signature: _____ Date: _____

Registration Fees:

- \$15 per child - \$30 per family max.
- \$10 per child & 4+ hours of volunteer time - \$20 per family max
 - Saturday July 18th from 8am to noon
 - Tues July 28th & Thurs July 30th from 6pm to 8pm
 - Saturday August 1st from 1pm to 5pm

_____ Music CD \$7.50 each

_____ Crocodile Dock Children's t-shirt \$6.00 each*

_____ S (6-8) _____ M (10-12) _____ L (14-16) _____ XL (18-20)